



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOXING & RACING
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR, DAVY CROCKETT TOWER
NASHVILLE, TENNESSEE 37243-1157
PHONE: 615-741-2384

BOXER'S PHYSICAL EXAMINATION REPORT

Date _____

First Application for License _____ Renewal _____ Pre-fight _____

Any person seeking a license as a professional boxer in the State of Tennessee must undergo a thorough medical examination by a physician licensed to practice medicine in any State. In addition, contestants in any professional boxing match held in Tennessee must be examined not more than 24 hours prior to the match by a physician licensed to practice medicine in this State. The examining physician must deliver to the promoter a written and signed certificate as to each contestant's physical condition before the bout.

This form is designed to be used for both licensing and pre-fight examination purposes.

STATEMENT OF BOXER

Whether applying for a license or submitting to a pre-fight examination (or both), the boxer should fill out this part of the form completely for the physician's information. Question 2 calls for the results of the boxer's last six fights-a record which must also be shown to the referee at the weigh-in.

1. Legal Name _____ Fed. ID No. _____
Address _____ City _____ State _____ Zip code _____
Date of Birth _____ Social Security Number _____
Place of Birth _____ Height _____ Hair _____ Eyes _____
2. Results of Last Three Professional Bouts (No bout held more than nine months prior to the date of this statement need be reported.):

Date	Opponent	Site	Result (note KO or TKO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are you on suspension from any other boxing commission? _____
4. Have you ever been knocked unconscious in an actual bout, sparring, practice, accident, or in any other manner? _____ If so, give dates and details: _____
5. Do you suffer from headaches, blurred or defective vision, dizziness, or impaired memory?
If so, explain: _____
6. Do you suffer from shortness of breath, pounding (palpitation) of the heart, any pain or pressure in the chest, or have you ever been told that you had any disease of the heart? _____ If so, explain: _____
7. Have you ever spat blood, or been told that you had any disease of the lungs? If so, explain: _____
8. Have you ever been advised to have any special examinations such as x-rays, electrocardiogram, electroencephalogram, blood examinations, etc.? _____ If so, give details: _____
9. Have you ever fractured any bones, or suffered any back, neck, or other injuries? _____ If so, give details: _____